

CHIA INET USER AGREEMENT

Insurance Carrier

As an employee of _____

OR as an employee of a contractor of _____

I will be allowed to access CHIA-INET, the data reporting system provided to _____ by the Center for Health Information and Analysis subject to the following terms and conditions:

- I will not disclose my CHIA-INET user ID and password to any other person.
- I will not attempt to access or look at CHIA-INET data other than what is required to perform my job.
- I will use any data I receive from CHIA-INET only as permitted and only in furtherance of my job.
- I will not share any data I receive from CHIA-INET with others unless doing so is necessary to do my job (pertains to patient level confidential data only).
- I will discuss data I receive from CHIA-INET with others only as required to perform my job and will conduct such conversations only in secure areas where I am unlikely to be overheard (pertains to patient level confidential data only).
- I will not disclose any data that I receive from CHIA-INET to any third party unless I have specific written permission from my supervisor or the legal order of a court (pertains to patient level confidential data only).
- I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of CHIA-INET.

REQUIRED INFORMATION – please print and no abbreviations

☐ Mr. ☐ Ms.

☐ Mrs. ☐ Dr. Name: _____
(Please provide middle name initial)

Job Title: _____

Company Name and Department: _____

Work Mailing Address: _____

E-mail Address: _____
(Required to send User ID and Password information)

Work Telephone: _____

Work Fax: _____

User Signature: _____ Date: _____

USER'S INET WEB SECURITY ITEMS – required

City or Town of Birth: _____

Security Questions - please select a Security Question below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Favorite Singer | <input type="checkbox"/> Favorite Pet's Name | <input type="checkbox"/> Father's Middle Name |
| <input type="checkbox"/> Favorite Vacation Location | <input type="checkbox"/> Favorite Teacher's Name | <input type="checkbox"/> First Child's Middle Name |
| <input type="checkbox"/> Favorite Sports Team | <input type="checkbox"/> Anniversary Date | <input type="checkbox"/> Make, Model, and Year of First Car |
| <input type="checkbox"/> Favorite Hobby | | |

Answer: _____

Security questions are used by the Help Desk staff to ensure they are speaking with the correct person. When an INET User calls for assistance and requires using confidential information or sensitive issues, the Help Desk will use security questions as a means to confirm the identity of the caller.

Check the type of access for this User Agreement

User Profile (check one)	Functions
<input type="checkbox"/> Data Reporter's INET Administrator	The person responsible for CHIA-INET Administration (creates and maintains web user accounts online and via paper forms). Also has the ability to: submit information, download, edit, view and print reports.
<input type="checkbox"/> Data Reporter's Individual INET User	Ability to: submit information, download, edit, view and print reports.

Insurance Carrier Submissions - Only check the submissions that User will submit or have access to under this Agreement

- ☐ All Payer Claims Datasets (APCD) Medical Claim
- ☐ APCD Dental Claim
- ☐ APCD Pharmacy Claim
- ☐ APCD Member Eligibility
- ☐ APCD Product
- ☐ APCD Provider
- ☐ APCD Benefit Plan Control Total
- ☐ Chapter 224: Alternative Payment Methods
- ☐ Chapter 224: Provider Payment Methods
- ☐ Chapter 288: Relative Prices
- ☐ Chapter 288: Total Medical Expenses